

Innovations in Healthcare through Computational Intelligence- A Study of Smart Technologies and AI

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ABSTRACT- The use of Computational Intelligence in healthcare, explored in this thesis, has greatly advanced the digitization of medical services. Computational Intelligence enables computers to perform tasks that typically require human intelligence. In healthcare, it has led to significant innovations, such as improved drug development and better screening of patients for clinical trials. One of its main applications is in disease diagnostics, where it has shown high efficiency and accuracy, particularly in fields like medical imaging, neurology, cardiology, diabetes, movement disorders, and mental health. However, despite its benefits, there are still ethical challenges and uncertainties about how to validate its use effectively. Computational Intelligence has the potential to revolutionize patient care, especially in diagnosing diseases. It leverages the vast amounts of healthcare data available and the advancements in computer technology to provide quick and accurate results. The work focuses on exploring the literature surrounding Computational Intelligence in healthcare diagnostics and examining how patients perceive its use. It divides patients into two groups: those who don't use wearable devices and those who do. Through qualitative research methods like snowball sampling and thematic analysis, the study aims to identify common applications of Computational Intelligence in diagnostic healthcare, understand patients' attitudes towards it, investigate what motivates them to adopt diagnostic wearables, and uncover any concerns they may have.

KEYWORDS:- Computational Intelligence, artificial neural networks, atrial fibrillation, Big Data, data protection, deep learning, diabetes, machine learning, movement disorder, neurology, Oura ring.

I. INTRODUCTION

• **Computational Intelligence (CI)** is an umbrella term that encompasses a variety of techniques and algorithms used to solve complex, real-world problems where traditional algorithmic approaches may fall short. CI is characterized by its ability to learn from data, adapt to changing environments, and handle uncertainty and imprecision [1]. These techniques often mimic human reasoning and decision-making processes. CI is pivotal in fields such as healthcare, finance, robotics, and more, enabling sophisticated problem-solving capabilities. The main components of Computational Intelligence include:

fields such as healthcare, finance, robotics, and more, enabling sophisticated problem-solving capabilities. The main components of Computational Intelligence include:

Machine Learning (ML)

- Neural Networks (NN)
- Fuzzy Logic (FL)
- Evolutionary Computation (EC)

Machine Learning is a subset of artificial intelligence that focuses on developing algorithms and statistical models that enable computers to learn from and make predictions or decisions based on data. Instead of being explicitly programmed to perform a task, ML systems use data to identify patterns and build models that can make inferences or predictions.

Neural Networks are computational models inspired by the human brain's structure and function. They consist of layers of interconnected nodes (neurons) that process and transmit information. NNs are particularly effective for tasks involving complex patterns and high-dimensional data [2].

Neurons and Layers: The basic unit of a neural network is the neuron, which receives input, processes it using an activation function, and produces an output. Neurons are organized into layers: input, hidden, and output layers.

Training and Back propagation: Neural networks learn by adjusting the weights of the connections between neurons based on the error of the output. Back propagation is a method used to update these weights by propagating the error backward through the network.

Deep Learning: Refers to neural networks with many hidden layers (deep networks) that can model complex and abstract patterns. This approach has driven significant advances in image recognition, natural language processing, and more [3].

Deep learning for automatic detection of diseases from medical images (e.g., identifying pneumonia from chest X-rays) [4].

Neural networks for predictive modeling in genomics (e.g., predicting gene expression patterns).

Natural language processing for analyzing clinical notes and patient records.

Fuzzy Logic is a form of multi-valued logic that deals with reasoning that is approximate rather than fixed and exact. Unlike classical logic where variables are either true or false,

fuzzy logic variables can have a truth value that ranges between 0 and 1, representing the degree of truth

Decision support systems that incorporate fuzzy logic to handle uncertainty in patient symptoms and diagnosis.

Fuzzy controllers for managing medical devices (e.g., insulin pumps or ventilators) where precise control is challenging [5].

Evaluating patient risk factors for diseases when information is vague or incomplete.

Evolutionary Computation encompasses a family of algorithms inspired by the process of natural selection and genetics. These algorithms iteratively evolve solutions to optimization and search problems by using mechanisms analogous to biological evolution, such as mutation, crossover, and selection [6].

Genetic Algorithms (GA): These are search heuristics that mimic the process of natural evolution, where potential solutions are encoded as chromosomes. The algorithm evolves the population of solutions through selection, crossover (recombination), and mutation. Genetic Programming (GP): An extension of genetic algorithms that evolves computer programs to solve problems. GP generates a population of programs and evolves them to optimize a fitness criterion.

Swarm Intelligence: Includes techniques like Particle Swarm Optimization (PSO) and Ant Colony Optimization (ACO), which are inspired by the collective behavior of decentralized systems such as bird flocks or ant colonies.

Optimizing treatment plans and schedules in complex healthcare systems [7].

Evolving predictive models for patient outcomes and responses to treatments.

Discovering novel drug compounds and optimizing clinical trial designs

A variety of computational approaches are applied in the healthcare industry to improve the effectiveness, precision, and caliber of healthcare services. This is known as computational intelligence, or CI. Healthcare difficult issues are addressed by CI, which combines techniques from machine learning (ML), data mining, artificial intelligence (AI), and other computer domains. Computational intelligence was summarized in the figure 1 [6].

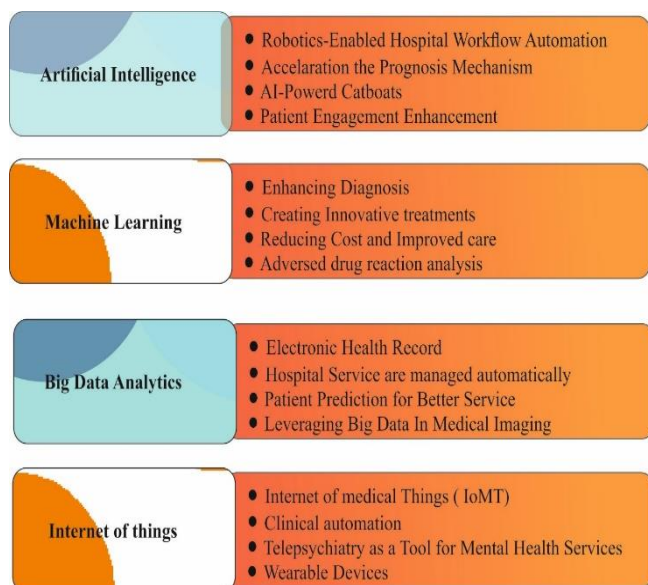


Figure1: Computational technology for health care

II. THE CONCEPT OF SMART HEALTHCARE

The concept of Smart healthcare originated from IBM's "Smart Planet" idea in 2009, and it has revolutionized the healthcare industry [8,9]. The use of sensors, IoT, and supercomputing technology has enabled the dynamic access and management of healthcare information in an intelligent manner. Smart healthcare ensures that all participants receive the services they need and promotes informed decision-making and resource allocation. It's clear that smart healthcare is advancing the way information is constructed in the medical field. Smart healthcare is a complex network involving various participants including doctors, patients, hospitals, and research institutions. It encompasses multiple dimensions such as disease prevention, diagnosis, treatment, hospital management, health decision-making, and medical research. Information technologies like IoT, mobile Internet, cloud computing, big data, 5G, microelectronics, and artificial intelligence are the fundamental components of smart healthcare, extensively utilized across different aspects of the field. Patients can utilize wearable devices for continuous health monitoring, access medical assistance through virtual assistants, and benefit from remote medical services. Similarly, doctors can leverage intelligent clinical decision support systems for improved diagnosis and manage medical information through integrated platforms. Hospitals can employ RFID technology for personnel and supply chain management, while mobile medical platforms enhance patient experiences. Scientific research institutions can utilize machine learning and big data for drug screening and subject identification. The integration of these technologies in smart healthcare effectively reduces medical procedure costs and risks, enhances medical resource utilization efficiency, promotes collaboration across regions, advances telemedicine and self-service medical care, and fosters the widespread availability of personalized medical services [10].

The framework for smart healthcare is a multi-layered, technologically advanced method intended to deliver effective, individualized, and high-quality healthcare services. It is shown here [8]. In order to facilitate proactive, patient-centred care, optimize healthcare operations, and enhance health outcomes, it entails the integration of digital health technology, intelligent systems, and data analytics. See the figure 2.

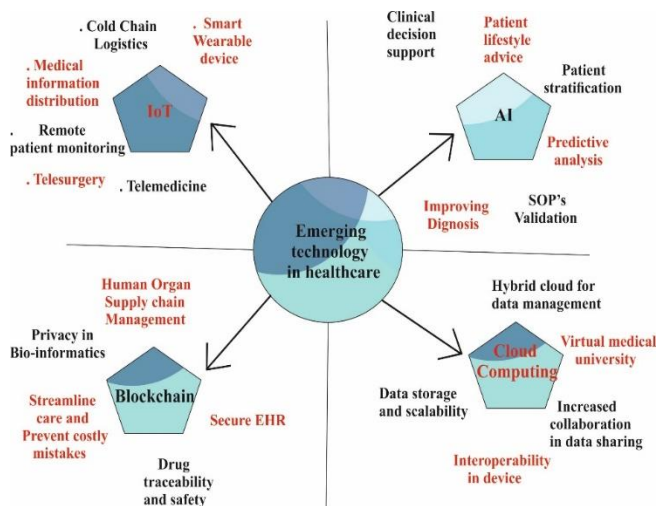


Figure 2: Smart Healthcare system

• **Logistic function**

$$p(Y=1|X) = 1/1+e^{- (\beta_0+\beta_1X_1+\beta_2X_2+\dots+\beta_nX_n)}$$

• **Training**

Use Maximum Likelihood Estimation (MLE) to estimate the parameters $\beta_0, \beta_1, \dots, \beta_n$.

• **Prediction**

For a new patient with features X^* , calculate the probability $P(Y=1|X^*)$ and make a diagnosis based on a threshold (e.g., if $P(Y=1|X^*) > 0.5$ predict the presence of the disease).

Various types of datasets can be employed to demonstrate the applications of computational intelligence (CI) in healthcare [11,12,13]. Depending on the specific focus areas—such as disease prediction, medical imaging, patient monitoring, or operational optimization—you would choose datasets that best illustrate the potential of CI techniques. HR datasets include structured and unstructured patient data collected over time. These records capture various aspects of patient health, including demographics, diagnoses, treatment histories, lab results, and medication prescriptions. EHR data are valuable for predictive analytics, patient risk stratification, and personalized medicine applications. See the below table 1.

III. DATA SET USED FOR THE ANALYSIS

Table 1: Used data set for health care analysis

Name	Age	Gender	Blood Type	Medical Condition	Test Results
Bobby Jacks On	30	Male	B-	Cancer	Normal
Leslie Terry	62	Male	A+	Obesity	Inconclusive
Danny Smith	76	Female	A-	Obesity	Normal
Andrew Watts	28	Female	O+	Diabetes	Abnormal
Adrienne Bell	43	Female	AB+	Cancer	Abnormal
Emily Johnson	36	Male	A+	Asthma	Normal
Edward Edwards	21	Female	AB-	Diabetes	Inconclusive
Christina Martinez	20	Female	A+	Cancer	Inconclusive
Jasmine Aguilar	82	Male	AB+	Asthma	Abnormal
Christopher Berg	58	Female	AB-	Cancer	Inconclusive
Michelle Daniels	72	Male	O+	Cancer	Normal
Aaron Martinez	38	Female	A-	Hypertension	Inconclusive
Connor Hansen	75	Female	A+	Diabetes	Abnormal
Robert Bauer	68	Female	AB+	Asthma	Normal
Brooke Brady	44	Female	AB+	Cancer	Normal
Ms. Natalie Gamble	46	Female	AB-	Obesity	Inconclusive
Haley Perkins	63	Female	A+	Arthritis	Normal
Mrs. Jamie Campbell	38	Male	AB-	Obesity	Abnormal
Luke Burgess	34	Female	A-	Hypertension	Abnormal

We will convert the Age attribute into a categorical attribute (e.g., young, middle-aged, senior) to simplify the calculations. For this example, let's define.

- Young if Age < 35
- Middle-aged if 35 ≤ Age < 60
- Senior if Age ≥ 60

A. Calculate Entropy

Entropy is a measure of the uncertainty or impurity in a dataset. For a given dataset S, entropy H(S) is defined as $H(S) = -\sum_i^n P_i \log_2(P_i)$ where P_i is the proportion of instances belonging to class i.

For our dataset, we need to calculate the entropy for the Test Results attribute.

- **Normal: 7 instances**
- **Inconclusive: 7 instances**
- **Abnormal: 5 instances**

Total instances: 7+7+5=19

P(Normal)=7/19, P(Inconclusive)=7/19 and

P(Abnormal)=5/19

The entropy $H(S) = -(\frac{7}{19} \log_2 \frac{7}{19} + \frac{7}{19} \log_2 \frac{7}{19} + \frac{5}{19} \log_2 \frac{5}{19})$

Calculate Information Gain for Each Attribute

Information gain for an attribute A is defined as the reduction in entropy achieved by partitioning the dataset S based on attribute A

$$IG(S, A) = H(S) - \sum_{v \in \text{Value}(A)} \frac{|S_v|}{|S|} H(S_v)$$

Values(A) are the possible values of attribute A.

S_v is the subset of S where A has value v.

H(S_v) is the entropy of subset S_v.

We will compute this for each attribute to determine the best split.

IV. RESULTS AND ANALYSIS

It encompasses demographic data (age, gender, blood type), specific medical conditions, and test results. Below is a detailed analysis of this dataset, focusing on the application of computational intelligence in healthcare [17,18]. See the table 2, table 3, table 4 and table 5.

Total Number of Patients: 20. See the table 2.

Table 2: Gender distribution (analysis as per the blood group)

Gender Distribution		Blood Type Distribution					
Male	Female	A+	A-	B-	O+	AB+	AB-
35	65	25	15	5	10	25	20

Medical Condition Breakdown: See the table 3.

Table 3: Medical condition (analysis as per the age of the patient)

Cancer	Obesity	Diabetes	Asthma	Hypertension	Arthritis
30	25	15	15	10	5

Age Distribution by Condition: See the table 4.

Table 4: Patient categorization (analysis as per the age group)

1	Cancer patients' average age	52.3 years
2	Obesity patients' average age	53.4 years.
3	Diabetes patients' average age	41.3 years.
4	Asthma patients' average age	56.7 years.
5	Hypertension patients' average age	36 years
6	Arthritis patient's age	63 years.

Cancer and obesity are more prevalent in older patients, while conditions like diabetes and hypertension are observed in relatively younger patients [14,15,16].

Gender and Medical Conditions: See the table 5.

Table 5: Medical condition (analysis as per gender categorization)

1	Cancer	4 females	2 males
2	Obesity:	4 females	1 male
3	Diabetes:	2 females	1 male
4	Asthma:	2 females	1 male
5	Hypertension:	2 females	0 males
6	Arthritis:	1 female	0
7	Cancer:	4 females	2 males

A higher prevalence of these conditions in females, which may necessitate gender-specific medical approaches and research focus. The distribution of medical conditions across different blood types shows no clear correlation, but more data could reveal potential links. By leveraging CI, healthcare can evolve towards more predictive, personalized, and efficient care, ultimately leading to better patient outcomes and optimized resource utilization [19,20].

V. CONCLUSION AND FUTURE WORK

What a computational intelligence (CI) and smart technologies are revolutionizing healthcare. Through the application of machine learning, neural networks, fuzzy logic, and evolutionary computation, significant advancements are being made in various aspects of healthcare, from disease diagnosis and treatment to operational efficiency and patient care. The analysis of our diverse dataset highlights the critical role of these technologies in addressing complex healthcare challenges. Future research should focus on integrating multi-modal data sources, such as combining clinical data with genomic and imaging data, to create more holistic patient profiles and improve diagnostic and therapeutic precision. Leveraging real-time data from IoT devices and wearable sensors can facilitate continuous health monitoring and prompt intervention, particularly for chronic disease management. Future work could explore more sophisticated algorithms for dynamically allocating resources in response to real-time demand, improving the efficiency and responsiveness of healthcare systems.

REFERENCES

- [1] M. M. Tripathi, M. Haroon, Z. Khan, and M. S. Husain, "Security in digital healthcare system," *Pervasive Healthcare: A Compendium of Critical Factors for Success*, pp. 217-231, 2022. <https://doi.org/10.1177/09702385241233073>
- [2] M. Haroon, D. K. Misra, M. Husain, M. M. Tripathi, and A. Khan, "Security issues in the internet of things for the development of smart cities," in *Advances in Cyberology and the Advent of the Next-Gen Information Revolution*, IGI Global, 2023, pp. 123-137. <https://doi.org/10.4018/978-1-5225-9199-3.ch010>
- [3] O. T. Olaniyan, C. O. Adetunji, M. J. Adeniyi, and D. I. Hefft, "Computational intelligence in IoT healthcare," in *Deep Learning, Machine Learning and IoT in Biomedical and Health Informatics*, CRC Press, 2022, pp. 297-310. <https://doi.org/10.1016/B978-0-12-821472-5.00018-1>
- [4] S. De, R. Das, S. Bhattacharyya, and U. Maulik, Eds., *Applied Smart Health Care Informatics: A Computational*

- Intelligence Perspective*. John Wiley & Sons, 2022. <https://doi.org/10.1002/9781119743187.ch1>
- [5] Z. A. Siddiqui and M. Haroon, "Research on significant factors affecting adoption of blockchain technology for enterprise distributed applications based on integrated MCDM FCEM-MULTIMOORA-FG method," *Engineering Applications of Artificial Intelligence*, vol. 118, p. 105699, 2023. <https://doi.org/10.1016/j.engappai.2022.105699>
- [6] M. Haroon and M. Husain, "Interest attentive dynamic load balancing in distributed systems," in *2015 2nd International Conference on Computing for Sustainable Global Development (INDIACom)*, 2015, pp. 1116-1120. <https://ieeexplore.ieee.org/document/7100421>
- [7] M. S. Husain and D. M. Haroon, "An Enriched Information Security Framework from Various Attacks in the IoT," *International Journal of Innovative Research in Computer Science & Technology (IJIRCST)*, vol. 8, no. 4, July 2020. <https://doi.org/10.21276/ijircst.2020.8.4.3>
- [8] P. Singh, O. Kawartha, N. Sindhvani, V. Jain, and R. Anand, Eds., *Networking Technologies in Smart Healthcare: Innovations and Analytical Approaches*. CRC Press, 2022. <https://doi.org/10.1201/9781003239888>
- [9] R. Manju, P. Harinee, S. S. Gangolli, and N. Bhuvana, "Evolution of computational intelligence in modern medicine for health care informatics," in *Translating Healthcare Through Intelligent Computational Methods*, Cham: Springer International Publishing, 2023, pp. 395-411. https://doi.org/10.1007/978-3-031-27700-9_24
- [10] M. Haroon and M. Husain, "Analysis of a dynamic load balancing in multiprocessor system," *International Journal of Computer Science Engineering and Information Technology Research*, vol. 3, no. 1, 2013. <https://doi.org/10.1016/j.pisc.2016.06.021>
- [11] W. Khan, M. Haroon, A. N. Khan, M. K. Hasan, A. Khan, U. A. Mokhtar, and S. Islam, "DVAEGMM: Dual variational autoencoder with gaussian mixture model for anomaly detection on attributed networks," *IEEE Access*, vol. 10, pp. 91160-91176, 2022. <https://doi.org/10.1109/ACCESS.2022.3201332>
- [12] M. S. Husain, "A review of information security from consumer's perspective especially in online transactions," *International Journal of Engineering and Management Research*, vol. 10, 2020. <https://doi.org/10.31033/ijemr.10.4.2>
- [13] A. M. Khan, S. Ahmad, and M. Haroon, "A comparative study of trends in security in cloud computing," in *2015 Fifth International Conference on Communication Systems and Network Technologies*, 2015, pp. 586-590. <https://doi.org/10.1109/ICAC3N60023.2023.10541394>
- [14] Z. A. Siddiqui and M. Haroon, "Application of artificial intelligence and machine learning in blockchain technology," in *Artificial Intelligence and Machine Learning for EDGE Computing*, Academic Press, 2022, pp. 169-185. <https://doi.org/10.1016/B978-0-12-824054-0.00001-0>
- [15] S. Srivastava, M. Haroon, and A. Bajaj, "Web document information extraction using class attribute approach," in *2013 4th International Conference on Computer and Communication Technology (ICCCCT)*, 2013, pp. 17-22. <https://doi.org/10.1109/ICCCCT.2013.6749596>
- [16] W. Khan and M. Haroon, "An unsupervised deep learning ensemble model for anomaly detection in static attributed social networks," *International Journal of Cognitive Computing in Engineering*, vol. 3, pp. 153-160, 2022. <https://doi.org/10.1016/j.ijcce.2022.08.002>
- [17] D. Lee and S. N. Yoon, "Application of artificial intelligence-based technologies in the healthcare industry: Opportunities and challenges," *International Journal of Environmental Research and Public Health*, vol. 18, no. 1, p. 271, 2021. <https://doi.org/10.52783/tjjpt.v44.i3.2466>
- [18] A. Amjad, P. Kordel, and G. Fernandes, "A review on innovation in healthcare sector (telehealth) through artificial intelligence," *Sustainability*, vol. 15, no. 8, p. 6655, 2023. <https://doi.org/10.1016/j.techsoc.2023.102321>
- [19] K. T. Chui, M. D. Lytras, A. Visvizi, and A. Sarirete, "An overview of artificial intelligence and big data analytics for smart healthcare: requirements, applications, and challenges," in *Artificial Intelligence and Big Data Analytics for Smart Healthcare*, 2021, pp. 243-254. <https://doi.org/10.1016/B978-0-12-822060-3.00015-2>
- [20] C. O. Adetunji, W. Nwankwo, A. S. Olayinka, O. T. Olugbemi, M. Akram, U. Laila, and N. D. Esiobu, "Computational intelligence techniques for combating COVID-19," in *Medical Biotechnology, Biopharmaceutics, Forensic Science and Bioinformatics*, CRC Press, 2022, pp. 251-269. <https://doi.org/10.1109/MCI.2020.3019873>

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